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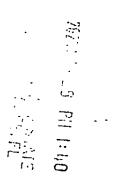
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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6. HUNT 6.3/28/20/

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Let's Water It! LLC		
Name of Limited Liability	Company	<del></del>
DOCUMENT NUMBER: L23000093700		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Compan	y and fee are submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person	•	
Legalzoom.com, Inc.		
Name of Firm/Company	-	
9900 Spectrum Dr.		
Address	-	
Austin, TX 78717		
City/State and Zip Code	-	·
raresignations@legalzoom.com		5 -5 410 6 -5 410
E-mail address: (to be used for future annual report notification)	-	
For further information concerning this matter, please call:		
800 at (	773-0888	
Name of Person Area Code	Daytime Telephor	ne Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the unders	signed,	
United States Corporation Agents, Inc.		hereby resigns as		
Name of Registered Agent			neredy resigns as	
Registered Agent for Lo	et's Water It! LLC	;		_
	Name of Lin	nited Liability Company		
L23000093700				
Document Nu	ımber, if known			
A copy of this resignation	on was mailed to the	above listed limited liability co	ompany at its last known addres	is.
The agency is terminate	d and the office disco	ontinued on the 31st day after	the date on which this statement	is tiled.
		Signature of Resigning Agent		
If signing on behalf of a	n autitur	Signature of Kesigning Agent		
ir signing on benan or a	•		7	
Cheyenne Moseley				
		Typed or Printed Name		
	Asst. Secretary for t	United States Corporation Age	nts, Inc.	
		Capacity	·	
			PH 1040	
	<b>FILING</b> \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany I/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314